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STATE OF DELAWARE  
**BOARD OF NURSING**

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FAX: (302) 739-2711  
WEBSITE: [DPR.DELAWARE.GOV](http://DPR.DELAWARE.GOV)  
EMAIL: [customerservice.dpr@state.de.us](mailto:customerservice.dpr@state.de.us)

## APPLICATION FOR TEMPORARY PERMIT FOR ADVANCED PRACTICE NURSE

### INSTRUCTIONS

#### When to File

File this form **ONLY IF** you have **already filed** or you are **simultaneously filing** an application for a [Delaware Advanced Practice Nurse \(APN\) license](http://DPR.DELAWARE.GOV).

#### General Information

A temporary APN permit allows you to practice as an APN in Delaware until your license is issued.

- Delaware APN temporary permits are not valid for work in any other jurisdiction.
- An APN temporary permit does *not* give you prescriptive authority!
- If you are not yet nationally certified, you must be supervised while working under a temporary permit.
- If you fail your national certifying examination, your temporary permit will terminate immediately. You may petition the Board for an extension. See Section 8.10.5.1.1 of the Board's [Rules and Regulations](#).

#### Requirements for a Temporary APN Permit

- ☐ Submit completed and signed *Application for Temporary Permit for Advanced Practical Nurse*.
  - **Follow instructions carefully. You must answer *all* questions unless the instruction says to skip them. Do not leave answers blank if the instruction says to enter them. If an answer is "none," enter *None*. Incomplete applications will be rejected.**
- ☐ Enclose the non-refundable [temporary permit fee](#) by check or money order made payable to "State of Delaware." Applications submitted without this processing fee will be rejected.
- ☐ Enclose a copy of your certification document or current recertification card.
  - If you are not yet certified, request the certifying organization to submit a letter verifying your eligibility to take the examination.

*In addition to the requirements above, we must receive your State of Delaware and Federal Bureau of Investigation criminal history report **before** issuing the temporary permit. The instructions and form you need are included with the license application.*

We will issue your temporary permit within seven business days of receiving all required information. To verify when it is issued, see [Search & Verify a Professional License](#). We will mail the permit to you. You cannot pick it up at our office. The permit expires 90 days from issuance. However, if you are not yet certified and you fail the certifying examination, the permit terminates immediately.

***Do not begin employment until you are assigned a temporary permit number.***

### TYPE OF APPLICATION

1. Select the APN specialty for which you are applying. Check only **one** role.

- ☐ Certified Registered Nurse Anesthetist (CRNA) ☐ Certified Nurse Midwife
- ☐ Nurse Practitioner (NP) – Check **one** population focus area in this role:
  - ☐ Adult/Gerontological ☐ Family ☐ Neonatal ☐ Pediatric ☐ Psychiatric/Mental Health
  - ☐ Women's Health/Gender-Related
- ☐ Clinical Nurse Specialist (CNS) – Check **one** population focus area in this role:
  - ☐ Adult/Gerontological ☐ Family ☐ Neonatal ☐ Pediatric ☐ Psychiatric/Mental Health
  - ☐ Women's Health/Gender-Related

**Enclose a copy of your certification document or current recertification card. If you are not yet certified, request the certifying organization to submit a letter verifying your eligibility to take the examination.**

**IDENTIFYING AND CONTACT INFORMATION**

2. Full Name: \_\_\_\_\_  
Last First Middle Maiden

3. Phone Number: \_\_\_\_\_ Email: None ☐ \_\_\_\_\_

***Applicant Signature:*** \_\_\_\_\_ ***Date*** \_\_\_\_\_

***APPLICATIONS THAT ARE UNSIGNED, INCOMPLETE OR SUBMITTED WITHOUT THE REQUIRED  
PROCESSING FEE WILL BE REJECTED.***